UNITED NATIONS

World Chronicle

PROGRAMME: No. 660, recorded 28 February 1997

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REPRODUCTIVE HEALTH

Carla ABOU ZAHR, social scientist and researcher with the World Health Organization (WHO), reflects on human sexuality and its impact on our reproductive health. WHO defines reproductive health as a state of physical, mental and social well-being, and not merely the absence of disease or infirmity. Women face a number of problems associated with sexuality and reproductivity, such as the risk of rape, sexually transmitted diseases and pregnancy-related mortality. WHO does not promote abortion as a means of family planning, but it warns of the consequences of un-safe abortion. Ms. Abou Zahr does not believe that there is a cure for AIDS in the near future, especially for poor people.

WORLD CHRONICLE is produced by the Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration:	28:00"
Executive Producer:	Kamil Taha
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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

Human sexuality has health and development implications in all societies, whether it leads to reproduction or not. And there's no doubt that reproductive health is central to the general health of both men and women even beyond the reproductive years. Assuring women of good reproductive health as well as safe motherhood is essential for healthy and productive communities. But can all countries, especially poor nations, guarantee good reproductive health for all their citizens, and at what cost?

With us today to discuss the different aspects of human sexuality and reproductive health is Dr. Carla Abou-Zahr. Ms. Abou-Zahr is a social scientist and researcher in the Division of Reproductive Health of the World Health Organization, or WHO. Joining me to talk with Ms. Abou-Zahr are Betsy Pisik of *The Washington Times* and Afsane Bassir Pour of *Le Monde*.

Ms. Abou-Zahr, welcome to World Chronicle.

ABOU-ZAHR: Thank you.

LITTLEJOHNS: Today I feel like a thorn among three roses. It's very unusual to have two women panellists and a woman guest.

When we speak about reproductive health, what are we actually talking about? Are we talking about safe motherhood, family planning, the world-wide campaign against sexually transmitted diseases, especially AIDS? Although of course it's not entirely sexually transmitted. And so on. What — identify some of the problems.

ABOU-ZAHR: Yes, we're talking about all of those things you mentioned. We're talking basically about events that happen in everybody's sexual and reproductive lives — maturation, puberty, sexual relations, the risk of disease —

LITTLEJOHNS: Genital mutilation? Is that —

ABOU-ZAHR: Female genital mutilation is certainly an important component of reproductive health in some parts of the world; sexually-transmitted diseases, including HIV/AIDS; the decisions that people have to take about when to have children, whether to have children, or how many children to have, and the options they have for ensuring that they can have children safely and that the child is born with the best possible start in life; we're dealing with issues relating to infertility, a growing problem in many parts of the world.

LITTLEJOHNS: Infertility?

ABOU-ZAHR: Infertility. Yes, often an outcome of earlier sexually transmitted diseases, or poor hygiene during an earlier delivery. And we're also talking about some of the issues that are increasingly being recognized as a problem around the world and that are related to sexuality and reproduction — issues such as violence, rape. We've seen many instances of mass rape during recent civil conflicts, but there's also domestic sexual abuse and rape. And, as you pointed out at the beginning, these issues don't simply cease with the menopause. The menopause itself can give rise to problems for women, but, beyond that, problems such as prolapse, osteoporosis, issues that arise in later years and yet may have had their origins in earlier events. And of course one of the fastest growing problems around the world today is cancer of the cervix, which affects women. It's one of the most rapidly growing cancers, and it is really a sexually transmitted disease.

LITTLEJOHNS: What are the priorities of the World Health Organization in this area of reproductive health?

ABOU-ZAHR: Our priorities in terms of problems for the developing world I think focus on the huge and continuing un-met need for information and services for family planning. We estimate that 120 million couples around the world would like to stop or delay childbearing but don't have access to safe contraceptive methods of their choice. A second major priority is the issue of pregnancy-related deaths and disabilities. We believe that around 600,000 women die every year during pregnancy or childbirth, and millions of infants are very severely damaged by the trauma of a poorly managed delivery. So that's a very important priority for us. And of course the third is the continuing world-wide epidemic of sexually transmitted diseases, including HIV/AIDS.

LITTLEJOHNS: Betsy?

PISIK: One of the things I'm wondering is that you were talking about — we were talking earlier about some of the problems related with trying to educate people about aspects of sexuality and reproductive health. These are very intimate aspects of people's lives, and there are a lot of different cultural considerations to take into thought. How do you, the people that are working on the ground, deal with some of these intimate aspects? And are the people receptive in all cases?

ABOU-ZAHR: Well, one of the important lessons we've learned is that there's no single way of doing this that applies in every setting, or indeed for every population group. Our experience in working, for example, with young people: Young people are on the thresholds of their reproductive lives, but adolescence is also a time when people are experimenting in general in different aspects of their lives, not just in aspects related to sexuality. There's a tendency to take risks; there's a desire to try things out without thinking about the consequences. Now, we've found the best way of talking to young people about

sexuality is in fact to talk to them about the broader aspects of their lives, so that in fact you're negotiating not simply about problems related to unsafe sexual relations but also about problems related to drug abuse, for example, or smoking, or risk-taking, for example, in driving fast cars, and that for young people they like to see sexuality in the broader context of their lives. Now, you need a different approach when you're dealing with older men and women, and sometimes you need a different approach dealing with women compared to how you deal with men. So it has to be very modulated according to the specific circumstances in which you're working.

BASSIR POUR: When you say "We talk to young people", who does talk to the young people in different countries? Is it through education at school, or is it the parents? What's the method of talking to adolescents?

ABOU-ZAHR: Well, again, the method is — just as you talk to them about many different aspects of their lives, I think the important message is also that there need to be many types of people communicating with young people. One of the best ways, of course, is simply through their peers. Young people talking with other young people can be one of the most effective means of communication. But obviously the family has a role to play too, and it's often quite difficult for families to approach this subject with their children. But our recommendation is talk honestly, be open, answer your children's questions. And the same goes for teachers in schools. Now, this doesn't happen naturally, and sometimes there's a need for people to be advised, to be counselled on the best ways of talking with young people.

LITTLEJOHNS: Ms. Abou-Zahr, are children maturing sexually nowadays at a younger age than they used to?

ABOU-ZAHR: Certainly the trend world-wide is for a younger and younger age of puberty.

LITTLEJOHNS: And is that increasing the problems of reproductive health?

ABOU-ZAHR: Well, that, coupled with the fact that generally people are marrying later, means that there is a now quite a long period of time during which people are sexually mature and yet not necessarily within a stable relationship.

LITTLEJOHNS: Having many partners, you mean?

ABOU-ZAHR: It doesn't necessarily mean that they have many partners, but between sexual maturity and marriage, the risk is there clearly for multiple partners, and for perhaps some risk-taking and the failure to protect oneself during sexual relations.

BASSIR POUR: This obviously brings to mind HIV/AIDS, as you mentioned. Has AIDS changed the face of human sexuality in the last decade or so?

ABOU-ZAHR: Yes, I think AIDS has changed the way we view sexuality. Certainly from our point of view as a public health agency it has in a sense enabled us to talk about things that were more difficult to talk about earlier. All of us have been forced to confront the issue of sexuality in a much more open and direct fashion than was the case before, because there is no cure for AIDS. There won't be a cure for AIDS, and certainly not for the poorest countries.

LITTLEJOHNS: There will never be a cure for AIDS?

ABOU-ZAHR: Not in the foreseeable future, not one that people can afford, unless the vaccine development goes a lot faster than appears to be the case at the moment. So basically our only intervention is behaviour change. And to change behaviours you first need to talk about behaviours and to be honest in the behaviours you're talking about.

BASSIR POUR: But how has it changed — I mean, I don't know if you have statistics — are people having less sex, more sex, different? How has it changed sexuality, AIDS?

ABOU-ZAHR: Unfortunately we never have enough information on this. But the evidence we are getting from an increasing number of countries is that young people not only know how to protect themselves from sexually transmitted diseases, but they are actually using condoms much more effectively than they used to.

PISIK: So the awareness is there?

ABOU-ZAHR: Yes.

PISIK: And it is already modifying behaviour?

ABOU-ZAHR: Yes. We do have some good studies that have shown this in a number of different settings. And indeed, we are, I think, beginning to see the first signs in the reduction in the incidence of HIV transmission in some of the countries where it's been a major problem.

PISIK: Are you also seeing related changes or changes in statistics and other things? Is the birth rate dropping, or is the incidence of other sexually transmitted diseases also coming down?

ABOU-ZAHR: Generally where the incidence of HIV is falling, yes, the incidence of other sexually transmitted diseases is falling too, because the same intervention prevents both. In terms of falling birth rates, there has been over the last two decades a really significant decline in fertility around the world. We've seen average family sizes falling from six children per women to around three world-wide, and that has been, I think, one of the most fundamental and far-reaching changes that the world has seen. And it has been coupled with a number of other very positive developments around the world — for example, increasing levels of education, including female education, and increased life expectancy and

reduced infant mortality. So yes, we do have some very positive achievements that we can look back on.

BASSIR POUR: Women are having, you said, fewer babies and later in life. And there are all these new methods of fertility that actually can have children without a husband, without a man. Has this become — is this only in Western countries, or do you see examples of this elsewhere in the world?

ABOU-ZAHR: I think the reality of some of the high technology interventions is really a reality only in a very limited number of countries and for a very limited number of women. I mentioned earlier that infertility is a problem, but generally, for most women who suffer from this problem, the high technology intervention simply isn't an option, and there again we need to be looking much more into preventive interventions.

LITTLEJOHNS: Why is infertility a problem? I thought we were trying to hold down birth rates.

ABOU-ZAHR: Well, you can look at the world from that point of view, but our principle that guides our work in WHO is that we need to respond to individual needs, and that people have — just as they have a right to be able to choose the timing and the number of children they have, they also have a right to have a child, if that is their desire, and that we should prevent infertility as much as possible. We have to remember the impact of infertility on a woman in certain societies. That woman may well be ostracized; she may be rejected by her husband and her family. So it is a major problem from the individual point of view, and I think the road to reducing overall levels of fertility does not lie through not worrying about people who are infertile, but rather through helping everybody achieve their reproductive intentions.

LITTLEJOHNS: This is **World Chronicle**. Our guest is Carla Abou-Zahr of the World Health Organization's Division of Reproductive Health. Betsy?

PISIK: I'm curious, getting back to the question of how to limit family size, or obtain an optimal family size: Very often you have cultural considerations here, and what the woman wants may not be what her man wants. How do you deal with this? Do you counsel separately, or as a family unit? How do you bring expectations into line together?

ABOU-ZAHR: Well, again, just as in dealing with young people you need a range of approaches, so in dealing with the family dynamics, if you like, you also need a range of approaches. Our work with countries is really providing countries with the information they need about different approaches, different technologies, in order to respond to the different dynamics with which they are confronted. And within any one country there's a range of experiences and a range of situations. You may find in some parts of the country men and women can talk very openly about their expectations and desires for family size; in other

parts, quite frankly, it's a thing that's very difficult for women to talk about, and they may prefer in fact to take the decision alone.

BASSIR POUR: What family size is desirable as far as WHO is concerned? The question that Michael raised, he said, I thought we were supposed to keep numbers down. Now, does this depend on regions of the world? What is a desirable family?

ABOU-ZAHR: I think, as I say, we would not wish to say any particular number is a desirable family; we wish to help people attain whatever they decide is a desirable family size without coercion. I think, again, one of the principles underlying our work is that we must respond to individual needs and individual decisions without coercion.

BASSIR POUR: But isn't that a problem in some countries? For example, China, before they had planned parenthood, India? Shouldn't there be some intervention from an organization like yours to encourage planned parenthood?

ABOU-ZAHR: We certainly encourage it, and we certainly take the line that it is better for the health of women and for the health of their children not to have too many children in a family. And certainly we would encourage families to think about how many children they can effectively support. That does not mean that we would declare an arbitrary number as the ideal family size. Now, Governments may wish to do that, and that is a matter for individual Governments. We are a technical agency and we don't take those decisions.

PISIK: What are some of — oh, I'm sorry.

LITTLEJOHNS: No, please.

PISIK: What are some of the contraceptive methods that you're using, and where, under what circumstances? I mean, there is the Norplant; there are some other long-acting, private, if you will, I don't want to use the word "covert", but something that puts the decision more firmly in a woman's hands. What are you doing with that?

ABOU-ZAHR: Well, WHO is a technical agency. The work we do on the whole is to define the norms and standards for appropriate practice. We have a long history of research on different types of contraceptive methods, on their safety, on their efficacy, and then we disseminate the results of our work to different countries, to different organizations, non-governmental organizations also, that are providing different kinds of contraceptives to their peoples. And we simply say these are the methods that are appropriate for this kind of woman in this kind of setting who has these particular desires. So we may say a long-acting method has been shown to be safe and effective and is suitable for women who perhaps need to take the decision in private, but that other methods may be more appropriate for women in different situations. For women who want to simply space the next pregnancy, you may want something that's more readily and rapidly reversible. For women who don't wish to

start any method yet, but who are very willing and anxious to share this with their partners, there may be methods such as Norplant which are more appropriate for them. So it really is a question, again, of responding to the needs of that women and that family. We simply say these are the methods available, this is how they should be used, and this is what you will need to have in place in order to enable them to be used effectively.

LITTLEJOHNS: Ms. Abou-Zahr, you've mentioned a couple of times that the World Health Organization is a technical agency. As a technical agency, how do you cope with such problems as female genital mutilation? Which is a very serious problem which many people weren't even aware of I think until relatively recently in certain cultures. As a technical agency, how can you address that cultural problem?

ABOU-ZAHR: Well, it is our role to point out the health implications of the practice, and to point it out to Governments, to families, to health-care providers themselves. And perhaps it is also I think our role to advocate for an end to practices that do compromise the health, in particular in this case, of children and of women. We also, for example, look into different approaches that have been tried and proved successful in helping to eradicate the practice. And we try and disseminate those approaches to different groups. We try and develop, for example, training materials for health care providers who have to address the needs of women who've been subject to female genital mutilation. And we try and gather as much information as we can about the dimensions of the problem, and to use this in our advocacy role. I think one of the most important statements on this that WHO ever issued was a very strong statement saying that female genital mutilation should not in any circumstances be medicalized, that the solution to this problem was not to medicalize it but in fact to end it.

And as a technical agency, we find that our work is most effective when we work with partners, particularly partners working in the field. Very often it's the non-governmental organizations, grassroots-based organizations, that can really achieve the most in terms of changing practice. So they ask us for support, and we give them our support. But ultimately, in discussing some of these very culturally sensitive issues, they're best placed to do that.

LITTLEJOHNS: To what extent is this medicalized? I thought that in most cases it was done rather crudely by women with unhygienic implements in very unsanitary conditions.

ABOU-ZAHR: Yes, you're quite right, in general that is the case. The problem is, as people have become more aware of the health risks, the solution has — or the temptation has been to say, well, let's move this into a medical setting where the health risks will be

minimized. In our point of view, that doesn't in fact address the problem adequately, because you are still promoting a medical intervention that has no medical rationale.

PISIK: But you are taking a longer-term approach to something that has very immediate implications. Is it not in some way preferable to medicalize it and make it a safe procedure? Doesn't it take an awfully long time to change a culture's attitudes?

ABOU-ZAHR: It does, but significant changes have been achieved. I mentioned that over 20 years fertility reduction has achieved tremendous progress. I don't think 20 years ago people thought that kind of progress was possible. So I think that sometimes what may seem to be an eternity — in fact change can happen rather faster than you think. The problem with medicalization is it doesn't address the issue, it just prolongs it. And that's why we prefer to go for the more long-term, more sustainable type of approach.

BASSIR POUR: I'd like to address abortion. First of all, it's a subject that's divided this country and many other countries, I think. Does WHO have a position on abortion? And where do we stand on it? Are women having more or less, more safe abortions?

ABOU-ZAHR: WHO is a public health agency, and we are bound to address any issue that is of public health importance. And the complications and the deaths and the disabilities that result from unsafe abortion are a major public health problem in many countries of the world, which we are called upon to address. Now, WHO does not promote abortion as a method of family planning, but we do recognize the need to address the problems that women may have. Women who have complications of unsafe abortion must be given compassionate and humane care by the health system.

LITTLEJOHNS: So do you favour legalized abortion in all countries?

ABOU-ZAHR: I think that's really for countries to decide, it's not for a technical agency like WHO to decide. Different countries will go for different options, and that really is not something that the organization that I represent takes a stand on. We simply say we must address the issue of unsafe abortion and the deaths and disabilities that result from that.

LITTLEJOHNS: You spoke earlier about coercion. China, for example, has a very Draconian policy of one child per family. Does WHO take a position on that kind of coercive policy?

ABOU-ZAHR: As I said, we do not take a position on any particular number; that is a matter for individual Governments. We do —

LITTLEJOHNS: But you don't think it's a good idea, perhaps?

ABOU-ZAHR: I think it's an issue for Governments — I think the challenge is really how to implement that that remains responsive to women's needs. And I think the

Chinese authorities recognise that it is an issue they must address and do turn to us for advice on what's the best way of addressing this issue in a humane and —

LITTLEJOHNS: But being an only child is, I think, a handicap. I happen to be an only child.

ABOU-ZAHR: Me too.

LITTLEJOHNS: And my son is an only child. And I don't think it's a good idea, frankly. So, I mean, it seems to me that a technical agency like WHO should take a position against one-child families.

ABOU-ZAHR: Do you think it's not a good idea from a health perspective or from a social perspective?

LITTLEJOHNS: From health — well, health in the sense of perhaps mental health or mental attitudes or — I mean, you're a social scientist — you don't even know what I'm talking about.

ABOU-ZAHR: Well, I'm not sure that we could really make a strong public health rationale for the health implications —

LITTLEJOHNS: Do you feel disadvantaged as an only child?

ABOU-ZAHR: Quite frankly, no.

[LAUGHTER]

I think we would need a lot more research to decide that is a major health problem.

LITTLEJOHNS: Really? Hmm.

BASSIR POUR: What is the main problem right now for you? What would you say is the biggest problem? Is it infant mortality or unsafe abortions? What is it you have to face straight away?

ABOU-ZAHR: I think currently for our organization one of the major outstanding problems is the issue of pregnancy-related mortality. Because — I mentioned we've made a lot of progress in many fields, and yet we don't have evidence that we've managed to achieve sustained reduction in maternal mortality in most countries of the world. And this, for us, is a major issue, because it affects women and only women; women who are, if you like, doing something that's normal and natural in their lives — pregnancy is not a disease, and there is no reason why somebody should die of it, because the interventions to prevent death are relatively simple. I think it's also important to point out that there are two people involved in pregnancy, the mother and the infant, and that for every mother who dies during pregnancy or delivery there are around eight infants who die either shortly before or shortly after delivery. And I think we have become increasingly aware that infant mortality reduction — in order to achieve further progress, we are going to need to address the early deaths of newborn infants.

LITTLEJOHNS: Ms. Abou-Zahr, that's all the time we have. I'm sorry to have to interrupt you. Thank you for being with us on this edition of World Chronicle.

Our guest has been Carla Abou-Zahr of the World Health Organization's Division of Reproductive Health. She was interviewed by Betsy Pisik of the Washington Times and Afsane Bassir Pour of Le Monde.

I'm Michael Littlejohns. Thank you for joining us. We invite you to be with us for the next edition of **World Chronicle**.

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